

<i>SERFF Tracking Number:</i>	<i>FARM-125615389</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>#3010713778 \$50</i>
<i>Company Tracking Number:</i>	<i>J2AR080429BPTC2</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners Limit of Insurance (D314743)</i>		
<i>Project Name/Number:</i>	<i>Businessowners Limit of Insurance/J-AR-2008-BP-F</i>		

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange		
Product Name: Businessowners Limit of Insurance (D314743)	SERFF Tr Num: FARM-125615389	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: #3010713778 \$50
Sub-TOI: 05.0002 Businessowners	Co Tr Num: J2AR080429BPTC2	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Ernest Prickett	Disposition Date: 05/05/2008
	Date Submitted: 04/29/2008	Disposition Status: Approved
Effective Date Requested (New): 08/01/2008		Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 10/01/2008		Effective Date (Renewal): 10/01/2008
State Filing Description:		

General Information

Project Name: Businessowners Limit of Insurance	Status of Filing in Domicile: Pending
Project Number: J-AR-2008-BP-F	Domicile Status Comments: Filing being made in California
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/05/2008	
State Status Changed: 05/05/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

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<i>Company Tracking Number:</i>	<i>J2AR080429BPTC2</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
<i>Product Name:</i>	<i>Businessowners Limit of Insurance (D314743)</i>		
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Farmers Insurance Group of Companies respectfully submits the following forms designed to preclude the stacking of liability limits involving continuous exposure to loss over successive policy periods for our Businessowners and Habitational programs.

J6352- 1st Edition – CHANGE TO LIMITS OF INSURANCE. For use with our Auto Service and Repair Program – This proprietary form was developed to clearly and unambiguously limit total available coverage to one policy by incorporating “policies involved” language to the Limits of Insurance section of the policy contract.

J6353- 1st Edition – CHANGE TO LIMITS OF INSURANCE. For use with all Businessowners Programs (including Habitational) other than our Auto Service and Repair Program – This proprietary form was developed to clearly and unambiguously limit total available coverage to one policy by incorporating “policies involved” language to the Limits of Insurance section of the policy contract.

Our effective dates for these forms are August 1, 2008 for new business and October 1, 2008 for renewals.

If you have any questions regarding this forms filing, please contact Ernie Prickett at (805) 306-6382, fax number (805) 583-7487 or email Ernie_Prickett@FarmersInsurance.com. Please reference the filing numbers listed on the first page. Your early approval of this filing is appreciated.

Company and Contact

Filing Contact Information

Charlene Hall, Commercial Contract Manager	Charlene_Hall@farmersinsurance.com
3041 Cochran Street	(805) 306-6648 [Phone]
Simi Valley, CA 93065	

Filing Company Information

Farmers Insurance Exchange	CoCode: 21652	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575893	

Mid-Century Insurance Company	CoCode: 21687	State of Domicile: California

SERFF Tracking Number: FARM-125615389 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3010713778 \$50
Company Tracking Number: J2AR080429BPTC2
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Limit of Insurance (D314743)
Project Name/Number: Businessowners Limit of Insurance/J-AR-2008-BP-F

4680 Wilshire Blvd.
Los Angeles, CA 90010
(323) 932-3056 ext. [Phone]

Group Code: 212
Group Name:
FEIN Number: 95-6016640

Company Type:
State ID Number:

Truck Insurance Exchange
4680 Wilshire Blvd.
Los Angeles, CA 90010
(323) 932-3056 ext. [Phone]

CoCode: 21709
Group Code: 212
Group Name:
FEIN Number: 95-2575892

State of Domicile: California
Company Type:
State ID Number:

SERFF Tracking Number: FARM-125615389 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3010713778 \$50
Company Tracking Number: J2AR080429BPTC2
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Limit of Insurance (D314743)
Project Name/Number: Businessowners Limit of Insurance/J-AR-2008-BP-F

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per forms filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Exchange	\$0.00	04/29/2008	
Mid-Century Insurance Company	\$0.00	04/29/2008	
Truck Insurance Exchange	\$0.00	04/29/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3010713778	\$50.00	04/29/2008

SERFF Tracking Number: FARM-125615389 *State:* Arkansas
First Filing Company: Farmers Insurance Exchange, ... *State Tracking Number:* #3010713778 \$50
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Liability
Product Name: Businessowners Limit of Insurance (D314743)
Project Name/Number: Businessowners Limit of Insurance/J-AR-2008-BP-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/05/2008	05/05/2008

SERFF Tracking Number:	FARM-125615389	State:	Arkansas
First Filing Company:	Farmers Insurance Exchange, ...	State Tracking Number:	#3010713778 \$50
Company Tracking Number:	J2AR080429BPTC2		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0002 Businessowners
	Liability		
Product Name:	Businessowners Limit of Insurance (D314743)		
Project Name/Number:	Businessowners Limit of Insurance/J-AR-2008-BP-F		

Disposition

Disposition Date: 05/05/2008
 Effective Date (New): 08/01/2008
 Effective Date (Renewal): 10/01/2008
 Status: Approved
 Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: FARM-125615389 State: Arkansas

First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3010713778 \$50

Company Tracking Number: J2AR080429BPTC2

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners Limit of Insurance (D314743)

Project Name/Number: Businessowners Limit of Insurance/J-AR-2008-BP-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Change To Limits Of Insurance	Approved	Yes
Form	Change To Limits Of Insurance	Approved	Yes

SERFF Tracking Number: FARM-125615389 State: Arkansas

First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3010713778 \$50

Company Tracking Number: J2AR080429BPTC2

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners Limit of Insurance (D314743)

Project Name/Number: Businessowners Limit of Insurance/J-AR-2008-BP-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Change To Limits Of Insurance	J6352	11-07	Endorsement/Amendment/Conditions	New	12.00	J6352101.pdf
Approved	Change To Limits Of Insurance	J6353	11-07	Endorsement/Amendment/Conditions	New	12.00	J6353101.pdf



FARMERS

J6352
1st Edition

CHANGE TO LIMITS OF INSURANCE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following provision replaces **Section II D.1.**

1. The Limits of Insurance of **Section II - Liability** shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought;
 - c. Persons or organizations making "claims" or bringing "suits"; or
 - d. Policies involved.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



FARMERS

J6353
1st Edition

CHANGE TO LIMITS OF INSURANCE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

APARTMENT OWNERS LIABILITY COVERAGE FORM

CONDOMINIUM LIABILITY COVERAGE FORM

The following provision replaces **D.1.**

- 1.** The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a.** Insureds;
 - b.** Claims made or "suits" brought;
 - c.** Persons or organizations making "claims" or bringing "suits"; or
 - d.** Policies involved.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

<i>SERFF Tracking Number:</i>	<i>FARM-125615389</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>#3010713778 \$50</i>
<i>Company Tracking Number:</i>	<i>J2AR080429BPTC2</i>		
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	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners Limit of Insurance (D314743)</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FARM-125615389 *State:* Arkansas
First Filing Company: Farmers Insurance Exchange, ... *State Tracking Number:* #3010713778 \$50
Company Tracking Number: J2AR080429BPTC2
TOI: 05.0 Commercial Multi-Peril - Liability & Non- *Sub-TOI:* 05.0002 Businessowners
Liability
Product Name: Businessowners Limit of Insurance (D314743)
Project Name/Number: Businessowners Limit of Insurance/J-AR-2008-BP-F

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	05/05/2008
Comments:			
Attachment:			
AR-PCTD1FormBOP.pdf			


Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Farmers Insurance Group			Group NAIC #	0212
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Truck Insurance Exchange	CA	21709	95-2575892		
Farmers Insurance Exchange	CA	21652	95-2575893		
Mid-Century Insurance Company	CA	21687	95-6016640		

5. Company Tracking Number	J2AR080429BPTC2
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Charlene Hall 3041 Cochran Street – 5th Flr. Simi Valley, CA 93065	Commercial Contract Manager	805-306-6648	805-306-6646	Charlene Hall @farmersinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Charlene Hall		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Multi-peril
10. Sub-Type of Insurance (Sub-TOI)	Businessowners
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	5.0, 5.1
12. Company Program Title (Marketing title)	Businessowners
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: August 1, 2008 Renewal: October 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	April 29, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	J2AR080429BPTC2
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Our effective dates for these forms are August 1, 2008 for new business and October 1, 2008 for renewals.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: 3010713778	
Amount: \$50 (Farmers, Truck and Mid-Century)	
Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		J2AR080429BPTC2		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Change To Limits Of Insurance	J6352 11-07 1 ST edition	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Change To Limits Of Insurance	J6353 11-07 1 ST edition	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		